

030904 17:52 U.S. PTO

FRISHAUF, HOLTZ, GOODMAN & CHICK, P.C.
ATTORNEYS AT LAW

767 THIRD AVENUE, NEW YORK, N.Y. 10017-2023

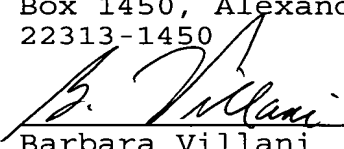
LEONARD HOLTZ
HERBERT GOODMAN
WILLIAM R. WOODWARD (1914-1994)
MARSHALL J. CHICK
RICHARD S. BARTH
DOUGLAS HOLTZ
ROBERT P. MICHAL
TELEPHONE: (212) 319-4900
FACSIMILE: (212) 319-5101

Commissioner for Patents
P.O. Box 1450,
Alexandria, VA 22313-1450

Express Mail Mailing Label
No.: EV 443 205 245 US

Date of Deposit: March 9, 2004

I hereby certify that this paper is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450


Barbara Villani

Attorney Docket No. 04106 /LH

22857 U.S. PTO
10/797352

030904

Pursuant to 37 CFR 1.53(b), transmitted herewith for filing is the patent application of

Inventor(s): Takao SHIBASHI of Hachioji-shi, Japan
Naoto MORIYAMA of Hachioji-shi, Japan
Wataru MOTOKI of Hachioji-shi, Japan

Title: "MEDICAL IMAGE PHOTOGRAPHING SYSTEM AND MEDICAL IMAGE MANAGING METHOD"

Priority Claim (35 U.S.C. 119) is made, based upon:

Japan No. 2003-091042 filed March 28, 2003

ASSIGNMENT INFORMATION FOR PUBLICATION:
KONICA MINOLTA HOLDINGS, INC.
Tokyo, Japan

Enclosed herewith are:

- [X] Specification (Description, Claims, Abstract): Pages 1 - 68 ; Number of claims 1 - 12
- [X] Declaration and Power of Attorney [X] executed; [] unexecuted (supplied for information purposes)
- [X] 19 Sheets of drawings, Figures 1 - 18 [X] Formal [] Informal
- [X] Assignment and "Patents" Recordation Form Cover Sheet (PTO-1595) AND \$40. RECORDATION FEE.
- [X] Certified copy of priority document identified above
- [] Information Disclosure Statement; [] Form PTO/SB/08A
- [] Preliminary Amendment
- [X] Change of Correspondence Address (Form PTO/SB/122)
- [X] Receipt Postcard

| | Number Filed | | Number Extra | Rate | | Calculations |
|---------------------------|--------------|-----|--------------|-----------------------------|------------|--------------|
| Total Claims | <u>12</u> | -20 | = | <u>0</u> | x \$18.00 | = \$ |
| Independent Claims | <u>4</u> | -3 | = | <u>1</u> | x \$86.00 | = \$ |
| MULTIPLE DEPENDENT CLAIMS | | | | | + \$290.00 | = \$ |
| | | | | BASIC FEE | | \$ 770.00 |
| | | | | Total of above Calculations | | \$ 770.00 |

To the extent not tendered by check, authorization is given to charge any fees under 37 CFR 1.16 and 1.17 during pendency of the application, or to credit any overpayment, to Deposit Account No. 06-1378. Duplicate copy of this letter is enclosed.

FRISHAUF, HOLTZ, GOODMAN & CHICK, P.C.

By: 
LEONARD HOLTZ
Reg. No. 22,974

LH:bv

Please type a plus sign (+) inside this box → {+}

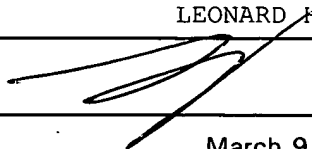
PTO/SB/122 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | |
|--|------------------------|-----------|
| CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | Application Number | |
| | Filing Date | Herewith |
| | First Named Inventor | SHIIBASHI |
| | Group Art Unit | |
| | Examiner Name | |
| | Attorney Docket Number | 04106/LH |

| | | | | | |
|---|----------------|---|-----|----------------|------------|
| Please change the Correspondence Address for the above-identified application to: | | | | | |
| <input checked="" type="checkbox"/> Customer Number 01933 | | | | | |
| <input checked="" type="checkbox"/> Firm or Individual Name | | FRISHAUF, HOLTZ, GOODMAN & CHICK, P.C. | | | |
| Address | | 767 Third Avenue - 25th Floor | | | |
| Address | | | | | |
| City | New York | State | NY | ZIP | 10017-2023 |
| Country | U.S.A. | | | | |
| Telephone | (212) 319-4900 | | Fax | (212) 319-5101 | |
| <p>This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).</p> <p>I am the:</p> <p><input type="checkbox"/> Applicant/Inventor.</p> <p><input type="checkbox"/> Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> Attorney or Agent of record.</p> <p><input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____.</p> | | | | | |
| Typed or Printed Name | | LEONARD HOLTZ, Registration No. 22,974 | | | |
| Signature | |  | | | |
| Date | | March 9, 2004 | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below. | | | | | |

☐ Total of ____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: st Commissioner for Patents, Washington, DC 20231.